

## CLAIMS ONLY

Application Number

09/864.112

Filing Date

**Applicant(s)**

5-19-05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3		3			
Total Depend	17		11			
Total Claims	20		14			